

<i>SERFF Tracking Number:</i>	<i>AUWL-125876642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Century Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40718</i>
<i>Company Tracking Number:</i>	<i>GSPDT (CLA)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>Single Premium Term (CLA)</i>		
<i>Project Name/Number:</i>	<i>Group Single Premium Decreasing Term/</i>		

Filing at a Glance

Company: Century Life Assurance Company

Product Name: Single Premium Term (CLA)

TOI: L04G Group Life - Term

Sub-TOI: L04G.003 Single Life - Single Premium

Filing Type: Form

SERFF Tr Num: AUWL-125876642 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40718

Co Tr Num: GSPDT (CLA)

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Linda DeStasio

Disposition Date: 11/04/2008

Date Submitted: 10/29/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Single Premium Decreasing Term

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/04/2008

State Status Changed: 11/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Forms exempt

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Association, Other

Deemer Date:

This is a group single premium decreasing term product. The master policy is issued to a financial institution with coverage being written by a licensed agent from the bank's insurance division. The face amount is whatever the applicant wants. It may be assigned, if desired. It is not credit insurance as it is not tied to any specific loan. There is an optional disability rider attached that will make a maximum of 12 or 24 payments, depending on what the applicant wants and the applicant's occupation. The 94004 application is the regular app. If the applicant cannot answer the questions in the affirmative, then the supplemental application is required.

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Product Name:	Single Premium Term (CLA)		
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Company and Contact

Filing Contact Information

Linda DeStasio, Administrative Asst.	ldestasio@iai-online.com
PO Box 9510	(800) 333-2525 [Phone]
Wichita, KS 67277	(316) 794-8470[FAX]

Filing Company Information

Century Life Assurance Company	CoCode: 94447	State of Domicile: Oklahoma
PO Box 9510	Group Code:	Company Type: Life & Health
Wichita, KS 67277	Group Name:	State ID Number:
(800) 333-2525 ext. 125[Phone]	FEIN Number: 73-1091065	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/04/2008	11/04/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/30/2008	10/30/2008	Linda DeStasio	10/30/2008	10/30/2008
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Reviewer	Linda DeStasio	10/30/2008	10/30/2008

<i>SERFF Tracking Number:</i>	<i>AUWL-125876642</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Master Policy		Yes
Form	Certificate		Yes
Form	Application		Yes
Form	Application		Yes
Form	Rider to Master Policy		Yes
Form	Rider to Certificate		Yes
Form	Supplemental Application		Yes

SERFF Tracking Number: AUWL-125876642 State: Arkansas
Filing Company: Century Life Assurance Company State Tracking Number: 40718
Company Tracking Number: GSPDT (CLA)
TOI: L04G Group Life - Term Sub-TOI: L04G.003 Single Life - Single Premium
Product Name: Single Premium Term (CLA)
Project Name/Number: Group Single Premium Decreasing Term/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/30/2008

Submitted Date 10/30/2008

Respond By Date

Dear Linda DeStasio,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Master Policy (Form)
- Certificate (Form)
- Application (Form)
- Application (Form)
- Rider to Master Policy (Form)
- Rider to Certificate (Form)
- Supplemental Application (Form)

Comment: The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/30/2008

Submitted Date 10/30/2008

Dear Linda Bird,

Comments:

SERFF Tracking Number: AUWL-125876642 State: Arkansas
Filing Company: Century Life Assurance Company State Tracking Number: 40718
Company Tracking Number: GSPDT (CLA)
TOI: L04G Group Life - Term Sub-TOI: L04G.003 Single Life - Single Premium
Product Name: Single Premium Term (CLA)
Project Name/Number: Group Single Premium Decreasing Term/

Response 1

Comments: Linda:

I wasn't sure if a note to the reviewer was acceptable, so I'm amending the filing. Check #2767 for \$50 is on its way today.

Linda

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Master Policy (Form)
- Certificate (Form)
- Application (Form)
- Application (Form)
- Rider to Master Policy (Form)
- Rider to Certificate (Form)
- Supplemental Application (Form)

Comment:

The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Linda DeStasio

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Note To Reviewer

Created By:

Linda DeStasio on 10/30/2008 10:35 AM

Subject:

Fees

Comments:

Linda:

Filing fees of \$50.00 are on on their way. Check # 5767.

Sorry about that.

Linda

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Form Schedule

Lead Form Number: GSPDT(09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GSPDT-MP(09)	Policy/Cont	Master Policy	Initial		52	Policy CL.pdf
		ract/Fratern					
		al					
		Certificate					
	GSPDT(09)	Certificate	Certificate	Initial		51	Certificate-CL.pdf
	92004-TURBO	Application/ Enrollment Form	Application	Initial		40	App_92004-CLA-Doe.pdf
	MP-APP(09)	Application/ Enrollment Form	Application	Initial		40	_MP-APP CLA.pdf
	SPDIR(09)-MP	Policy/Cont	Rider to Master	Initial		48	SPDIR-MP-CL.pdf
		ract/Fratern	Policy				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	SPDIR(09)	Certificate	Rider to Certificate	Initial		50	SPDIR-CLA.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	SUPP-APP	Application/ Enrollment Form	Supplemental Application	Initial		40	SUPPAPP_CLA(Doe).pdf

CENTURY LIFE ASSURANCE COMPANY

(A Stock Insurance Company)

Oklahoma City, Oklahoma

Mailing Address: PO Box 9510, Wichita, Kansas 67277

Administrative Offices: 1035 S. 183rd St. W., Goddard, Kansas 67052

(Herein called the Company)

Policy Number: [00000] Policy Date [01/01/0000]
Policyholder: [FIRST NATIONAL BANK]

The Company will pay a death benefit upon receipt of proof of death of the Insured while the certificate is in force. Payment is subject to all policy provisions. During the first certificate month, the death benefit is the Face Amount. After the first certificate month, the death benefit decreases equally each certificate month. The decrease is determined by dividing the Face Amount by the number of months in the term of the certificate. The death benefit reduces to zero at the end of the term. The date of death of the Insured determines the death benefit.

The consideration for coverage is the Insured's application and payment of the single premium.

The certificate date from which certificate years and anniversaries are computed is set out in the Specification page of the certificate (Specifications). This policy is issued for a term of one year. It will be automatically renewed each year on the policy anniversary. The policyholder may cancel the policy by sending us written notice. We may cancel the policy by sending the policyholder written notice at least 30 days prior to the cancellation date. If the master policy is cancelled, any certificate in force will remain in force for the term of the certificate. Any member may apply for this coverage. A member must submit a completed application and the Company must accept coverage before a certificate will be issued.

20-DAY NOTICE TO CANCEL

The policy or certificate may be returned to the Company within 20 days of receipt. The Company will then cancel the policy or certificate and refund any premium paid.

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.


President


Secretary

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Page 2	Payment of Benefit Provisions	Page 4	Settlement Options
Page 2	General Provisions	Page 5	Table of Values

A copy of the application, any supplemental agreements, and any amendments are attached at the end of the policy.

**SINGLE PREMIUM DECREASING TERM POLICY
RENEWABLE – NONPARTICIPATING**

PAYMENT OF BENEFIT PROVISIONS

BENEFIT

The Company will pay the death benefit in effect on the date of death of the Insured while the certificate is in full force prior to the termination date shown in the Specifications. The initial death benefit is stated in the Specifications. Payment is subject to the provisions of the certificate and this policy. Payment will be made to the named Beneficiary when the Company receives due proof of the Insured's death.

DECREASING DEATH BENEFIT

The death benefit is equal to the initial death benefit, shown in the Specifications, during the first policy month. The death benefit will decrease by an equal amount each month thereafter, with the decrease amount equal to the initial face amount divided by the number of months in the term of the policy. The death benefit on the expiration date is zero. The term of the certificate is shown in the Specifications.

CLAIMS OF CREDITORS

The benefits of the certificate shall be exempt from the claims of creditors of the Insured, Owner or Beneficiary.

GENERAL PROVISIONS

CONTRACT

The master policy is issued in consideration of the application for it and the payment of the premium. The master policy and the applications of the policyholder and each insured make up the entire contract. The policy is all the pages shown in the Table of Contents and any attached endorsements. All statements made in the application will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under this policy unless it is contained in the application. A copy of the application is attached to the certificate when issued.

Only an Officer of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

INCONTESTABILITY

The Company may not contest the policy or the certificate after it has been in force during the lifetime of the Insured for two years from the issue date, except for failure to pay premiums. If allowed by the laws of the state in which the policy is delivered, this provision will not apply to benefits for total and permanent disability or accidental death which may

be contained in a rider which is a part of the policy or certificate.

LOANS

No policy loans, except to pay premiums, are available under this coverage.

SUICIDE EXCLUSION

If the Insured commits suicide while sane or insane within two years (one year in Missouri) after the issue date, the death benefit will not be paid. Instead the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which the policy is delivered require less than this two year period, the period will be as stated in such laws.

MISSTATEMENT OF AGE OR SEX

If the age of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. The adjusted benefit will be an amount which the premium paid would have purchased for the correct age or sex.

ATTAINED AGE

The Insured's attained age, as used in the certificate, is the issue age plus the number of years and months from the certificate's issue date to the date on which the attained age is to be determined.

ASSIGNMENT

The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company. The Company will not be liable for any payment made in good faith prior to the receipt and acknowledgement of the assignment at its Administrative Office.

NONPARTICIPATING

The policy and certificate are nonparticipating. They do not share in the profits or surplus of the Company.

EFFECTIVE DATE

The certificate is effective when: 1) the Company approves the applicant's application; 2) the full premium has been paid while the Insured is alive; and 3) if not a standard risk class, the Owner accepts delivery.

OWNER AND BENEFICIARY

The Owner and Beneficiary of the certificate are named in the Specifications. While the Insured is alive, the Owner has all rights conferred in this policy. If the Owner and any named successor owner die before the Insured, the Insured will be the Owner. The named Beneficiary will receive the proceeds of the certificate when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the

Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. The Company shall not suffer loss because of payments made before the approval of such change.

PREMIUMS

The Issue Date is when the single premium is due. It is also the date from which certificate years, and certificate anniversaries are determined. The amount and mode of premium payment are also shown in the Specifications.

COMMON DISASTER

If a revocable Beneficiary dies at the same time or within 30 days after the Insured's death, the interest of the Beneficiary will end. Provided, that no benefits have been received by the Beneficiary.

CASH VALUE

The Owner may surrender the certificate at any time and receive its cash value. The cash value is shown on page 5. The Company reserves the right to defer payment of any cash value up to six months from the date requested.

DEFERMENT

The Company may defer a cash surrender for up to six months from the date of the request. This does not apply to loans used to pay premiums.

RIGHT TO CONVERT – This decreasing term policy may be exchanged without evidence of insurability for policy form number WL5(09), or its successor. The policy may be converted:

- (a) if this term policy is in full force; and
- (b) if this exchange takes place prior to the final conversion age shown in the Specifications; and
- (c) provided that the conversion of a waiver of premium rider shall be subject to evidence of insurability, except for the automatic conversion provision contained herein.

To convert this policy, the Owner must:

- (a) Send a written request for the exchange, stating the plan of insurance and the effective date of the new policy; and
- (b) surrender this term policy; and
- (c) pay the first premium on the new policy.

The face amount of the new policy cannot be greater than the amount of insurance in the policy month following that in which the exchange is made. The premiums will be those in effect for the Insured's age on the date of exchange. The new policy must retain the same risk class and the same Insured as this policy. Any rider providing additional benefits in the event of disability or accidental death will be made a part of the new policy only with our consent.

SETTLEMENT OPTION PROVISIONS

ELECTION OF OPTION

All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a lump sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an option, the Beneficiary will have the right at the time of settlement.

If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executors or administrators of the Insured's estate.

PROCEEDS

All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the Settlement Options. The amount which may be applied under the option must be at least \$2,500 and provide periodic payments of at least \$20. If not, the proceeds will be paid in a lump sum.

SUPPLEMENTARY CONTRACT

A supplementary contract will be issued in exchange for this policy when a settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract will be the date when proof of death is received by the Company. If applicable and if settlement is a result of policy maturity as an endowment or cash value surrender, the effective date of the contract will be the date of maturity or surrender.

Interest under Option 1 will be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 will be paid on the effective date of the contract unless a written election provides otherwise.

INTEREST RATE

The interest rate for these options may vary, but will not be less than the rate shown in the specifications under "Interest Rates". The interest rate may be changed by the Board of Directors. If so, the Company will determine the amount and the method of payment of such earnings.

DEATH OF THE PAYEE

If the payee dies after the option goes into effect, any payments remaining to be paid will be paid in accordance with the supplementary contract in effect.

SETTLEMENT OPTIONS

All rates shown are the minimum guaranteed rates. Payments may be higher based on interest rates being paid by the Company at the time of payment.

OPTION 1: INTEREST

The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds will be paid to the payee. If the payee dies before the end of this period, the proceeds will be paid as previously agreed upon.

OPTION 2: INSTALLMENTS FOR A GUARANTEED PERIOD

The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi annual, quarterly or monthly basis. The amount of each monthly installment for each \$1,000 of proceeds is shown in the table below.

The installment amounts on other than a monthly basis, or for years not shown, will be furnished upon request.

Number of Years Guaranteed	Monthly Installment Per \$1000
5	\$17.73
10	9.41
15	6.65
20	5.29
25	4.47
30	3.94

OPTION 3: SPECIAL SETTLEMENT

The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments will be paid until the proceeds plus interest credited on unpaid balances are paid in full.

OPTION 4: LIFE INCOME WITH A GUARANTEED PERIOD

The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 5, 10 or 20 years.

The Company can require satisfactory evidence of the payee's age before making any payment under this option. The amount of the monthly installments is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The amount for each \$1,000 of proceeds is shown in the table below. Installments for any age not shown will be furnished upon request.

Age Last Birthday	Monthly Life Income with Payments Guaranteed For:	
Male Payee	10 years	20 years
50	\$3.81	\$3.71
55	4.19	4.01
60	4.68	4.35
65	5.31	4.68
70	6.08	4.96
75	6.96	5.15

Age Last Birthday	Monthly Life Income with Payments Guaranteed For:	
Female Payee	10 years	20 years
50	\$3.57	\$3.52
55	3.90	3.80
60	4.33	4.14
65	4.89	4.51
70	5.63	4.85
75	6.55	5.10

ALTERNATE LIFE INCOME OPTION

If Option 4 is elected the proceeds may be used to provide a monthly life income which is equal to 103% of the monthly annuity that would be purchased based on the rates of the Company then in use for new single premium annuities.

**CASH VALUES
PER \$100 OF PREMIUM**

Remaining years to date of expiry (across)

Original term of policy (down)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	0.83	2.50	5.00	8.33	12.50	17.50	23.33	30.00	37.50	45.83	55.00	65.00	75.83	87.50
14	0.95	2.86	5.71	9.52	14.29	20.00	26.67	34.29	42.86	52.38	62.86	74.29	86.67	
13	1.10	3.30	6.59	10.99	16.48	23.08	30.77	39.56	49.45	60.44	72.53	85.71		
12	1.28	3.85	7.69	12.82	19.23	26.92	35.90	46.15	57.69	70.51	84.62			
11	1.52	4.55	9.09	15.15	22.73	31.82	42.42	54.55	68.18	83.33				
10	1.82	5.45	10.91	18.18	27.27	38.18	50.91	65.45	81.82					
09	2.22	6.67	13.33	22.22	33.33	46.67	62.22	80.00						
08	2.78	8.33	16.67	27.78	41.67	58.33	77.78							
07	3.57	10.71	21.43	35.71	53.57	75.00								
06	4.76	14.29	28.57	47.62	71.43									
05	6.67	20.00	40.00	66.67										
04	10.00	30.00	60.00											
03	16.67	50.00												
02	33.33													
01	0.00													

Values shown apply at the end of the policy year. Values at any time other than at the end of the year will be determined giving allowance for the part of the year prior to surrender. Values for years not shown will be furnished upon request.

Cash Values - Cash values will be equal to the greater of the above factors and the minimum values required by the state in which this policy is delivered. The method of computation of minimum nonforfeiture values is on file with the Insurance Department of the state in which this policy is delivered.

For policies issued in Idaho:

If you request surrender of this certificate, we will send you the cash surrender value within 30 days of our receipt of your request. If we defer your payment for more than 30 days, we will pay you interest. Interest will be from the day we receive your request until we make payment to you. The interest rate will be the rate declared by the Idaho State Treasurer in accordance with Idaho Code 28-22-104 on July 1st of every year.

For coverage issued in Arkansas

We will pay a death claim within 30 days of:

1. receipt of due proof of loss of any person insured under this policy; and
2. proof of the identity of the beneficiary.

If the claim is not paid within 30 days of receipt of such proofs, we will pay interest of 8% annually until the claim is paid.

For information, service, or complaint:

Policyowner Services

P.O. Box 9510

Wichita, Kansas 67277

1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department

Consumer Services Division

1200 W. Third Street

Little Rock, AR 72201

(501) 371-2640

(800) 852-5494

SINGLE PREMIUM DECREASING TERM CERTIFICATE
CONVERTIBLE - NONPARTICIPATION

CENTURY LIFE ASSURANCE COMPANY
Oklahoma City, Oklahoma

Back of certificate
Fold
Front of certificate

CENTURY LIFE ASSURANCE COMPANY

(A Stock Insurance Company)

Oklahoma City, Oklahoma

Administrative Offices: 1035 S. 183rd Street W., Goddard, Kansas

(Herein called the Company)

WILL PAY a death benefit upon receipt of proof of the death of the Insured while this policy is in force. Payment is subject to all policy provisions. The death benefit during the first policy month will be the Face Amount. After the first policy month the death benefit will decrease equally each policy month. The decrease will be determined by dividing the Face Amount by the term. The Death Benefit will reduce to zero at the end on the term.

THE CONSIDERATION for this policy is the attached application and the payment of the single premium.

THE POLICY DATE, from which policy years, policy months and policy anniversaries shall be computed, is set out in the Specifications.

YOU MAY RETURN this policy to the Company or to our agent within twenty days after receipt. The Company will then cancel this policy as of the policy date and refund any premiums you paid.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

SIGNED for the Company.


President


Secretary

**SINGLE PREMIUM DECREASING TERM CERTIFICATE
CONVERTIBLE – NONPARTICIPATING**

SPECIFICATIONS

Form No.	Description of Benefits	Single Premium	Expiry Date
GSPDT(09)	Single Premium Decreasing Term Convertible to Age 65	\$ [XX.XX]	[01/01/2023]

The effective date and issue age of each benefit is the issue date and issue age of the policy and insured unless otherwise stated.

This Policy is delivered in the state of – [ANYSATE]

-----Interest Rates-----

Nonforfeiture Values	5.25%
Reserves	4.25%
Settlement Options.....	2.50%

-----Mortality Tables-----

Reserves and Nonforfeiture Values - 2001 Standard Ordinary Mortality Table
Settlement Options - 2000 Annuity Table

-----Reserve Valuation Method-----

Commissioners Reserve Valuation Method

POLICY NUMBER: [00000]

POLICY DATE: [00-00-0000]

INSURED: [JOHN DOE]

ISSUE AGE: 35 MALE

OWNER: [JOHN DOE]

TERM: [5 YEARS]

INITIAL FACE AMOUNT: \$[10,000.00]

SINGLE PREMIUM: \$[XX.XX]

BENEFICIARY: [JANE DOE, SPOUSE]

(as stated in the application unless changed in accordance with the provisions of the policy)

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A copy of the application, any supplemental agreements, and any amendments are attached at the end of the policy.

PAYMENT OF BENEFIT PROVISIONS

BENEFIT

The Company will pay the death benefit in effect on the date of death of the Insured while a certificate is in full force prior to the termination date shown on page 3. The initial death benefit is stated on page 3 of the certificate. Payment is subject to the provisions of the certificate. Payment will be made to the named Beneficiary when the Company receives due proof of the Insured's death.

DECREASING DEATH BENEFIT

The death benefit is equal to the initial death benefit, shown on page 3, during the first policy month. The death benefit will decrease by an equal amount each month thereafter, with the decrease amount equal to the initial face amount divided by the number of months in the term of the policy. The death benefit on the expiration date is zero. The term of the certificate is shown on page 3.

CLAIMS OF CREDITORS

The benefits of the certificate shall be exempt from the claims of creditors of the Insured, Owner or Beneficiary.

GENERAL PROVISIONS

CONTRACT

The master policy is issued in consideration of the application for it and the payment of the premium. The master policy and the applications of the policyholder and each insured make up the entire contract. The policy is all the pages shown in the Table of Contents and any attached endorsements. All statements made in the application will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under this policy unless it is contained in the

application. A copy of the application is attached to the certificate when issued.

Only an Officer of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

INCONTESTABILITY

The Company may not contest the policy or the certificate after it has been in force during the lifetime of the Insured for two years from the issue date, except for failure to pay premiums. If allowed by the laws of the state in which the policy is delivered, this provision will not apply to benefits for total and permanent disability or accidental death which may be contained in a rider which is a part of the policy or certificate.

LOANS

No policy loans are available under this coverage.

SUICIDE EXCLUSION

If the Insured commits suicide while sane or insane within two years (one year in Missouri) after the issue date, the death benefit will not be paid. Instead the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which the policy is delivered require less than this two year period, the period will be as stated in such laws.

MISSTATEMENT OF AGE OR SEX

If the age of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. The adjusted benefit will be an amount which the premium paid would have purchased for the correct age or sex.

ATTAINED AGE

The Insured's attained age, as used in the certificate, is the issue age plus the number of years and months from the certificate's issue date to the date on which the attained age is to be determined.

ASSIGNMENT

The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company. The Company will not be liable for any payment made in good faith prior to the receipt and acknowledgement of the assignment at its Administrative Office.

NONPARTICIPATING

The policy and certificate are nonparticipating. They do not share in the profits or surplus of the Company.

EFFECTIVE DATE

The certificate is effective when: 1) the Company approves the applicant's application; 2) the full

premium has been paid while the Insured is alive; and 3) if not a standard risk class, the Owner accepts delivery.

OWNER AND BENEFICIARY

The Owner and Beneficiary of the certificate are named on page 3. While the Insured is alive, the Owner has all rights conferred in this policy. If the Owner and any named successor owner die before the Insured, the Insured will be the Owner. The named Beneficiary will receive the proceeds of the certificate when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. The Company shall not suffer loss because of payments made before the approval of such change.

PREMIUMS

The Issue Date is when the single premium is due. It is also the date from which certificate years, and certificate anniversaries are determined. The amount and mode of premium payment are also shown on page 3.

COMMON DISASTER

If a revocable Beneficiary dies at the same time or within 30 days after the Insured's death, the interest of the Beneficiary will end. Provided, that no benefits have been received by the Beneficiary.

CASH VALUE

The Owner may surrender the certificate at any time and receive its cash value. The cash value is shown on page 8. The Company reserves the right to defer payment of any cash value up to six months from the date requested.

DEFERMENT

The Company may defer a cash surrender for up to six months from the date of the request. This does not apply to loans used to pay premiums.

RIGHT TO CONVERT – This decreasing term policy may be exchanged without evidence of insurability for policy form number WL5(09), or its successor. The policy may be converted:

- (a) if this term policy is in full force: and

- (b) if this exchange takes place prior to the final conversion age shown on page 3; and
- (c) provided that the conversion of a waiver of premium rider shall be subject to evidence of insurability except for the automatic conversion provision contained herein.

To convert this policy, the Owner must:

- (a) Send a written request for the exchange, stating the plan of insurance and the effective date of the new policy; and
- (b) surrender this term policy; and
- (c) pay the first premium on the new policy.

The face amount of the new policy cannot be greater than the amount of insurance in the policy month following that in which the exchange is made. The premiums will be those in effect for the Insured's age on the date of exchange. The new policy must retain the same risk class and the same Insured as this policy. Any rider providing additional benefits in the event of disability or accidental death will be made a part of the new policy only with our consent.

SETTLEMENT OPTION PROVISIONS

ELECTION OF OPTION

All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a lump sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an option, the Beneficiary will have the right at the time of settlement.

If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executors or administrators of the Insured's estate.

PROCEEDS

All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the Settlement Options. The amount which may be applied under the option must be at least \$2,500 and provide periodic payments of at least \$20. If not, the proceeds will be paid in a lump sum.

SUPPLEMENTARY CONTRACT

A supplementary contract will be issued in exchange for this policy when a settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract will be the

date when proof of death is received by the Company. If applicable and if settlement is a result of policy maturity as an endowment or cash value surrender, the effective date of the contract will be the date of maturity or surrender.

Interest under Option 1 will be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 will be paid on the effective date of the contract unless a written election provides otherwise.

INTEREST RATE

The interest rate for these options may vary, but will not be less than the rate shown on page 3 under "Interest Rates". The interest rate may be changed by the Board of Directors. If so, the Company will determine the amount and the method of payment of such earnings.

DEATH OF THE PAYEE

If the payee dies after the option goes into effect, any payments remaining to be paid will be paid in accordance with the supplementary contract in effect.

SETTLEMENT OPTIONS

All rates shown are the minimum guaranteed rates. Payments may be higher based on interest rates being paid by the Company at the time of payment.

OPTION 1: INTEREST

The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds will be paid to the payee. If the payee dies before the end of this period, the proceeds will be paid as previously agreed upon.

OPTION 2: INSTALLMENTS FOR A GUARANTEED PERIOD

The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi annual, quarterly or monthly basis. The amount of each monthly installment for each \$1,000 of proceeds is shown in the table below.

The installment amounts on other than a monthly basis, or for years not shown, will be furnished upon request.

5	\$17.73
10	9.41
15	6.65
20	5.29
25	4.47
30	3.94

OPTION 3: SPECIAL SETTLEMENT

The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments will be paid until the proceeds plus interest credited on unpaid balances are paid in full.

Number of Years	Monthly Installment
<u>Guaranteed</u>	<u>Per \$1000</u>

OPTION 4: LIFE INCOME WITH A GUARANTEED PERIOD

The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 5, 10 or 20 years.

The Company can require satisfactory evidence of the payee's age before making any payment under this option. The amount of the monthly installments is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The amount for each \$1,000 of proceeds is shown in the table below. Installments for any age not shown will be furnished upon request.

Age Last Birthday Male Payee	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
50	\$3.81	\$3.71
55	4.19	4.01
60	4.68	4.35

65	5.31	4.68
70	6.08	4.96
75	6.96	5.15

Age Last Birthday Female Payee	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
50	\$3.57	\$3.52
55	3.90	3.80
60	4.33	4.14
65	4.89	4.51
70	5.63	4.85
75	6.55	5.10

ALTERNATE LIFE INCOME OPTION

If Option 4 is elected the proceeds may be used to provide a monthly life income which is equal to 103% of the monthly annuity that would be purchased based on the rates of the Company then in use for new single premium annuities.

**CASH VALUES
PER \$100 OF PREMIUM**

Remaining years to date of expiry (across)

Original term of policy (down)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	0.83	2.50	5.00	8.33	12.50	17.50	23.33	30.00	37.50	45.83	55.00	65.00	75.83	87.50
14	0.95	2.86	5.71	9.52	14.29	20.00	26.67	34.29	42.86	52.38	62.86	74.29	86.67	
13	1.10	3.30	6.59	10.99	16.48	23.08	30.77	39.56	49.45	60.44	72.53	85.71		
12	1.28	3.85	7.69	12.82	19.23	26.92	35.90	46.15	57.69	70.51	84.62			
11	1.52	4.55	9.09	15.15	22.73	31.82	42.42	54.55	68.18	83.33				
10	1.82	5.45	10.91	18.18	27.27	38.18	50.91	65.45	81.82					
09	2.22	6.67	13.33	22.22	33.33	46.67	62.22	80.00						
08	2.78	8.33	16.67	27.78	41.67	58.33	77.78							
07	3.57	10.71	21.43	35.71	53.57	75.00								
06	4.76	14.29	28.57	47.62	71.43									
05	6.67	20.00	40.00	66.67										
04	10.00	30.00	60.00											
03	16.67	50.00												
02	33.33													
01	0.00													

Values shown apply at the end of the policy year. Values at any time other than at the end of the year will be determined giving allowance for the part of the year prior to surrender. Values for years not shown will be furnished upon request.

Cash Values - Cash values will be equal to the greater of the above factors and the minimum values required by the state in which this policy is delivered. The method of computation of minimum nonforfeiture values is on file with the Insurance Department of the state in which this policy is delivered.

For policies issued in Idaho:

If you request surrender of this certificate, we will send you the cash surrender value within 30 days of our receipt of your request. If we defer your payment for more than 30 days, we will pay you interest. Interest will be from the day we receive your request until we make payment to you. The interest rate will be the rate declared by the Idaho State Treasurer in accordance with Idaho Code 28-22-104 on July 1st of every year.

For coverage issued in Arkansas

We will pay a death claim within 30 days of:

1. receipt of due proof of loss of any person insured under this policy; and
2. proof of the identity of the beneficiary.

If the claim is not paid within 30 days of receipt of such proofs, we will pay interest of 8% annually until the claim is paid.

For information, service, or complaint:

Policyowner Services
P.O. Box 9510
Wichita, Kansas 67277
1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 W. Third Street
Little Rock, AR 72201
(501) 371-2640
(800) 852-5494

CENTURY LIFE ASSURANCE COMPANY

Oklahoma City, Oklahoma
Administrative Offices: P.O. Box 9510, Wichita, Kansas 67277

Proposed Insured's Name [JOHN DOE]		Date of Birth: [1-1-xx] SS #:	Effective Date: [1-1-02] Term (months): [60]
Street Address, City, State, Zip [123 S. MAIN, ANYTOWN, ANYSTATE]		Height:	Expiration Date: [1-1-07]
		Weight:	Mo Earned Income: \$
<input checked="" type="checkbox"/> Decreasing Life Insurance [with Accidental Death & Dismemberment]		Original amount of Life Insurance: \$ [1,000]	
<input type="checkbox"/> Critical Period Disability	<input type="checkbox"/> 30-Day Elimination	[THIS IS A LIMITED BENEFIT] [Monthly Disability Benefit \$ 16.67]	
	<input type="checkbox"/> 90-Day Elimination		
Amount: \$		Rate:	
Occupation (describe duties fully) [accountant]		Employed full-time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Beneficiary name, address, and relationship: [Mary Doe, Spouse]			
Agent and agent number:			

STATEMENT OF APPLICANT

For coverage:

I am under age 69.

I am not disabled or under the care of a health care provider for any sickness or injury as stated below.

For disability

I am gainfully employed in a full-time occupation or profession. (Full-time means 30 hours or more per week.)

I hereby declare that I am now in GOOD HEALTH and that I have not received care or treatment during the last 36 months for: heart or vascular disease; diabetes; cancer; acquired immune deficiency syndrome (AIDS), or its related complex; disorders of the circulatory system, respiratory, intestinal or urinary tract; mental or nervous disorders, drug addiction, or alcoholism.

If applying for disability coverage in addition to the declaration above, I also declare that I have not received care or treatment during the last 36 months for any disorder of the back, spine, neck, or joints; nor have I received disability benefits.

I understand that if the above representations are false and untrue, the company's liability to pay my claim is limited to the return of the premium paid.

X

(Signature of Proposed Insured)

Date

I understand that the company is not obligated to investigate or make any underwriting decision until a claim is filed. Further, I understand that if a claim is filed, a signed medical authorization from me and/or my estate will be required to allow the company to obtain copies of medical records for valualational purposes

I understand and agree that this application or any required supplemental application is offered subject to final acceptance or rejection by the Company. It shall form a part of any coverage approved as a result of this or any supplemental application. I further understand that any coverage approved shall not take effect unless and until the full first premium has been paid while I am in sound health and free of injury and illness as stated above or in any required supplemental application.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony and may be subject to fine and/or imprisonment.

☐ **Do not assign this policy.**

☐ **If issued, assign this Policy and its proceeds to** _____
at (Address) _____ as their interests may appear.

I UNDERSTAND THAT THIS INSURANCE IS LIMITED AND IT MAY NOT PAY OFF MY LOAN.

Signed at _____ [Anytown, Anystate 00000] this 3rd day of January 20 02
(City) (State)

X

Signature of Proposed Insured

Signature of Agent

92004-TURBO

CONDITIONAL RECEIPT AND TEMPORARY INSURANCE AGREEMENT

\$ _____ has been received from _____ as payment for the life and disability insurance applied for on this date. Temporary life insurance is provided under the same conditions as the policy, subject to the limits and conditions below.

If no coverage is issued as a result of this application, a full refund of all premiums paid will be made.

1. No temporary disability insurance is provided by this conditional receipt.
2. Temporary life insurance is limited to \$50,000 or the amount applied for, if less.
3. No temporary life insurance is provided by this conditional receipt: 1) if the applicant dies by suicide while sane or insane; or 2) if there is fraud or misrepresentation in the answers in the application that is material to the underwriter's acceptance of the risk.
4. Temporary life insurance provided by this conditional receipt stops when the company: 1) approves your application; 2) declines your application; or 3) offers to issue you insurance other than applied for in this application.

No one may waive or change any of the terms of this receipt.

Date _____ Agent

CENTURY LIFE ASSURANCE COMPANY

Oklahoma City, Oklahoma
Administrative Offices: P.O. Box 9510, Wichita, Kansas

APPLICATION FOR GROUP POLICY

[THE POLICYHOLDER]

Address _____
[123 N MAIN, ANYTOWN, ANYSTATE 00000]

to provide _____
[SINGLE PREMIUM TERM]

coverage for its members, customers, or employees.

If this application is accepted by the Company, the policy shall be effective [JANUARY 1],
20 [00], at the above address for a term of one year unless discontinued as provided herein. Said
policy shall automatically be renewed from year to year, as provided herein.

Special provisions to be included: _____

WARNING: any person who knowingly presents a false or fraudulent claim for payment of a loss or
benefit or knowingly presents false information in an application for insurance is guilty of a crime and
may be subject to fines and confinement in prison.

Dated at _____ [Anytown, Anystate] this day of _____ [January 1, _____], 20 [08]

s/

Witness

s/

Applicant Signature

s/

Agent

[President]

Title

Accepted by the Company

s/

Signature

[President]

Title

[01/01/0000]

Date

CENTURY LIFE ASSURANCE COMPANY
Oklahoma City, Oklahoma
Administrative Offices: P.O. Box 9510, Wichita, Kansas

SINGLE PREMIUM DISABILITY INCOME RIDER

This Rider is made a part of the Policy to which it is attached. All of the provisions of the Policy shall apply to this Rider except as otherwise provided.

The Coverage Period, Benefit Period, Monthly Benefit, Elimination Period and Waiting Period are as shown in the certificate issued to each insured.

PAYMENT OF BENEFITS

For benefits to be payable, We must receive at Our Home Office suitable written proof that the insured has become Totally Disabled. Total Disability must have begun before the end of the Coverage Period. We will begin paying the Monthly Benefit if:

1. The insured has been Totally Disabled for a time equal to the Waiting Period; and
2. The insured's Total Disability began before the end of the Coverage Period. The Monthly Benefit will only be paid as long as the insured is Totally Disabled. But, total benefits paid under this Rider for all disabilities will not exceed the Benefit Period times the Monthly Benefit. In no event will benefits be paid after the end of the Coverage Period. The Coverage Period will start on the Effective Date and run for the number of years shown. For disability benefit periods of less than one month, benefits shall be payable at the rate of one thirtieth (1/30) of the Monthly Benefit per day.

TERM OF COVERAGE

Coverage under this Rider shall start on the Effective Date and continue until:

1. The termination of the Policy by expiry or death; or
2. The end of the Coverage Period; or
3. The date the insured requests its termination in writing; or
4. The date the insured has collected the maximum benefits payable under this Rider.

If coverage terminates before the end of the Coverage Period and the insured has not received a total of at least six (6) Monthly Benefit payments, We will pay the Owner any unearned premium. Unearned premium shall be computed by the method filed with the Insurance Department in the State where this Rider is issued.

DEFINITIONS

"Total Disability" or "Totally Disabled" means the insured's complete inability by reason of sickness or injury:

1. To perform the duties of his or her regular job for the first twelve (12) months of Total Disability, or
2. After twelve (12) months of continuous Total Disability, to perform the duties of any job for which the insured is reasonably qualified by reason of education, training, or experience.

Total Disability will exist only if:

1. the insured is under the regular care and attendance of a licensed physician other than the insured or a member of his or her family; and
2. such licensed physician provides Us evidence of continuing Total Disability at reasonable intervals when We request.

"Sickness" means a disease contracted and commencing while this Rider is in force.

"Injury" means accidental bodily injury caused by an accident occurring while this Rider is in force.

"Waiting Period" means the period of time between the date a Total Disability commences and the date benefits become payable. Benefits will be paid for days of Total Disability following the Elimination Period. The Waiting Period shall only apply once during any one (1) continuous period of Total Disability.

"Elimination Period" means the number of days after the beginning of a Total Disability for which no benefits are payable.

RECURRENT DISABILITY

(This provision only applies if this Rider is still in force.) If benefits have been payable under this Rider and the insured suffers a recurrence of Total Disability for the same or related causes causing the prior Total Disability:

1. The insured's Total Disability will be considered an extension of the prior Total Disability, unless,
2. The insured has returned to work on a full time basis for at least one (1) month. If the insured has worked for one (1) full month or more, the insured's Total Disability shall be considered a new period of disability and will be subject to new Waiting and Elimination Periods.

GENERAL EXCEPTIONS AND LIMITATIONS

The insurance under this Rider does not cover loss which is caused by:

1. Suicide or any attempt thereat, whether sane or insane;
2. Intended self inflicted injuries;
3. Illegal use of drugs;
4. War or any act of war, declared or undeclared;
5. Service in the military of any country on regular or reserve duty. (If coverage is not provided due to such service, the Owner will receive a refund of premium for that period. The insured must provide Us notice of his or her service to get this refund.);
6. Commission or any attempt to commit a felony or engage in any illegal action;
7. Aircraft accidents while the insured: a. is a pilot, officer, or crew member of such aircraft, or b. has any other duties aboard that aircraft including giving or receiving instructions, or c. is on board to parachute jump or has jumped from the aircraft;
8. Pregnancy, childbirth, or miscarriage, or problems resulting within one (1) year from date of childbirth or miscarriage.

TIME LIMIT ON CERTAIN DEFENSES

1. After the insured has been insured under this Rider for two (2) years, no misstatements, unless fraudulent, in the application shall be used to deny benefits for disability starting after such two (2) years.
2. After the insured has been insured under this Rider for two (2) years, no claim for benefits can be reduced for disability starting after such two (2) years on the grounds that:
 - a. Such disability is due to a sickness or injury which existed prior to the Effective Date; unless
 - b. the sickness or injury is excluded from coverage by name or specific description or unless the existence of the sickness or injury was misstated and fraudulent in the application.

NOTICE OF CLAIM

Written notice of the insured's claim must be given to Us:

1. within twenty (20) days after the insured becomes Totally Disabled, or
2. as soon thereafter as is reasonably possible.

Notice must be sent to Our Home Office or given to any of Our authorized agents by the insured or on his or her behalf with sufficient facts to identify him or her. After benefit payments have started, We can require that the insured gives Us at reasonable intervals continuing proof of Total Disability including medical evidence. Delay in giving notice shall not impair the insured's right to benefits which otherwise would be payable during the period six (6) months preceding the date on which notice is in fact given.

CLAIM FORMS

Upon receipt of a notice of claim, We will furnish the insured such forms as We commonly use for filing proofs of loss. We may not furnish these forms within fifteen (15) days after the insured has given Us notice. If We haven't, the insured can submit written proof covering the occurrence, the character and the extent of the loss for which the insured is making claim. The insured must submit such proof within the time fixed in this Rider for filing proofs of loss.

PROOFS OF LOSS

The insured must furnish written proof of loss to Us at Our Home Office within ninety (90) days after the period for which We are liable for benefits. Failure to furnish such proof shall not revoke nor reduce the insured's claim if it was not feasible to give the proof within that time. However, such proof must be furnished as soon as

reasonably possible. But, the insured cannot submit proof, unless he or she is legally incapacitated, later than one (1) year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS

Benefits for any loss other than a loss for which this Rider provides any periodic payment will be paid at once upon receipt of due written proof of loss. Subject to due written proof of loss payment of all accrued benefits for which this Rider provides periodic payment will be paid each thirty (30) days. Any balance remaining unpaid upon the end of Our liability will be paid at once upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits will be payable to the insured. Any accrued benefits unpaid at the insured's death may, at Our option, be paid according to the beneficiary named for the Policy or to the insured's estate.

1. If We elect to pay any benefits to the insured's estate, or
2. If any benefits are payable to a beneficiary who is a minor not competent to give a valid release,

We may pay up to one thousand dollars (\$1,000) to any relative of the insured or the beneficiary, by blood or marriage, who We deem to be fairly entitled to such funds. Any payment We make in good faith pursuant to this provision shall fully discharge Our liability to the extent of such payment.

PHYSICAL EXAMINATIONS AND AUTOPSY

We, at Our expense, shall have the right and chance to examine the insured when and as often as We may reasonably require during the pendency of a claim. We, at Our expense, have the right to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this Rider prior to the end of sixty (60) days after written proof of loss has been furnished in accordance with the terms of this Rider. No such action shall be brought after the end of five (5) years after the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE LAWS

Any provision of this Rider which, on the Effective Date, is in conflict with a law or rule of the State in which it is issued, is hereby amended to conform to the minimum requirements of such law or rule.

IN WITNESS WHEREOF, We have issued this Rider in consideration of the Single Premium and the application on its Effective Date unless a different date is shown here.


President


Secretary

CENTURY LIFE ASSURANCE COMPANY
Oklahoma City, Oklahoma
Administrative Offices: Wichita, Kansas

SINGLE PREMIUM DISABILITY INCOME RIDER

Policy or Certificate Number: [0000]

Coverage Period: [60] months

Benefit Period: [24] months

Monthly Benefit: \$ [300.00]

Elimination Period: [30] days

Single Premium: \$ [xx.xx]

Effective Date: [00/00/0000]

This Rider is made a part of the Policy or Certificate to which it is attached. All of the provisions of the Policy/Certificate shall apply to this Rider except as otherwise provided.

PAYMENT OF BENEFITS

For benefits to be payable, We must receive at Our Home Office suitable written proof that You have become Totally Disabled. Your Total Disability must have begun before the end of the Coverage Period. We will begin paying the Monthly Benefit if:

1. You have been Totally Disabled for a time equal to the Elimination Period; and
2. Your Total Disability began before the end of the Coverage Period. The Monthly Benefit will only be paid as long as You are Totally Disabled. But, total benefits paid under this Rider for all disabilities will not exceed the Benefit Period times the Monthly Benefit. In no event will benefits be paid after the end of the Coverage Period. The Coverage Period will start on the Effective Date and run for the number of years shown. For disability benefit periods of less than one month, benefits shall be payable at the rate of one thirtieth (1/30) of the Monthly Benefit per day.

TERM OF COVERAGE

Coverage under this Rider shall start on the Effective Date and continue until:

1. The termination of the Policy or Certificate by expiry or death; or
2. The end of the Coverage Period; or
3. The date You request its termination in writing; or
4. The date You have collected the maximum benefits payable under this Rider.

If coverage terminates before the end of the Coverage Period and You have not received a total of at least six (6) Monthly Benefit payments, We will pay the Owner any unearned premium. Unearned premium shall be computed by the method filed with the Insurance Department in the State where this Rider is issued.

DEFINITIONS

"Total Disability" or "Totally Disabled" means Your complete inability by reason of sickness or injury:

1. to perform the duties of Your regular job for the first twelve (12) months of Total Disability, or
2. After twelve (12) months of continuous Total Disability, to perform the duties of any job for which You are reasonably qualified by reason of education, training, or experience.

Total Disability will exist only if: 1. You are under the regular care and attendance of a licensed physician other than Yourself or a member of Your family; and 2. such licensed physician provides Us evidence of continuing Total Disability at reasonable intervals when We request.

"Sickness" means a disease contracted and commencing while this Rider is in force.

"Injury" means accidental bodily injury caused by an accident occurring while this Rider is in force.

"Elimination Period" means the period of time between the date a Total Disability commences and the date benefits begin to become payable. Such Elimination Period shall only apply once during any one (1) continuous period of Total Disability.

RECURRENT DISABILITY

(This provision only applies if this Rider is still in force.) If benefits have been payable under this Rider and You suffer a recurrence of Total Disability for the same or related causes causing the prior Total Disability:

1. Your Total Disability will be considered an extension of the prior Total Disability, unless,
2. You have returned to work on a full time basis for at least one (1) month. If You have worked for one (1) full month or more, Your Total Disability shall be considered a new period of disability and will be subject to a new Elimination Period.

GENERAL EXCEPTIONS AND LIMITATIONS

The insurance under this Rider does not cover loss which is caused by:

1. Suicide or any attempt thereat, whether sane or insane;
2. Intended self inflicted injuries;
3. Illegal use of drugs;
4. War or any act of war, declared or undeclared;
5. Service in the military of any country on regular or reserve duty. (If coverage is not provided due to such service, You will receive a refund of premium for that period. You must provide Us notice of Your service to get this refund.);
6. Commission or any attempt to commit a felony or engage in any illegal action;
7. Aircraft accidents while You:
 - a. are a pilot, officer, or crew member of such aircraft, or
 - b. have any other duties aboard that aircraft including giving or receiving instructions, or
 - c. are on board to parachute jump or have jumped from the aircraft;
8. Pregnancy, childbirth, or miscarriage, or problems resulting within one (1) year from date of childbirth or miscarriage.

TIME LIMIT ON CERTAIN DEFENSES

1. After You have been insured under this Rider for two (2) years, no misstatements, unless fraudulent, in the application shall be used to deny benefits for disability starting after such two (2) years.
2. After You have been insured under this Rider for two (2) years, no claim for benefits can be reduced for disability starting after such two (2) years on the grounds that:
 - a. Such disability is due to a sickness or injury which existed prior to the Effective Date; unless
 - b. the sickness or injury is excluded from coverage by name or specific description or unless the existence of the sickness or injury was misstated and fraudulent in the application.

NOTICE OF CLAIM

Written notice of Your claim must be given to Us:

1. within twenty (20) days after You become Totally Disabled, or
2. as soon thereafter as is reasonably possible.

Notice must be sent to Our Home Office or given to any of Our authorized agents by You or on Your behalf with sufficient facts to identify You. After benefit payments have started, We can require that You give Us at reasonable intervals continuing proof of Your Total Disability including medical evidence. Delay in giving notice shall not impair Your right to benefits which otherwise would be payable during the period six (6) months preceding the date on which notice is in fact given.

CLAIM FORMS

Upon receipt of a notice of claim, We will furnish You such forms as We commonly use for filing proofs of loss. We may not furnish these forms within fifteen (15) days after You have given Us notice. If We haven't, You can submit written proof covering the occurrence, the character and the extent of the loss for which You are making claim. You must submit such proof within the time fixed in this Rider for filing proofs of loss.

PROOFS OF LOSS

You must furnish written proof of loss to Us at Our Home Office within ninety (90) days after the period for which We are liable for benefits. Failure to furnish such proof shall not revoke nor reduce Your claim if it was not feasible to give the proof within that time. However, such proof must be furnished as soon as reasonably possible. But, You cannot submit proof, unless You are legally incapacitated, later than one (1) year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS

Benefits for any loss other than a loss for which this Rider provides any periodic payment will be paid at once upon receipt of due written proof of loss. Subject to due written proof of loss payment of all accrued benefits for which this Rider provides periodic payment will be paid each thirty (30) days. Any balance remaining unpaid upon the end of Our liability will be paid at once upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits will be payable to You. Any accrued benefits unpaid at Your death may, at Our option, be paid according to the beneficiary named for the Policy/Certificate or to Your estate.

1. If We elect to pay any benefits to Your estate, or
2. If any benefits are payable to a beneficiary who is a minor not competent to give a valid release,

We may pay up to one thousand dollars (\$1,000) to any relative of Yours or the beneficiary, by blood or marriage, who We deem to be fairly entitled to such funds. Any payment We make in good faith pursuant to this provision shall fully discharge Our liability to the extent of such payment.

PHYSICAL EXAMINATIONS AND AUTOPSY

We, at Our expense, shall have the right and chance to examine You when and as often as We may reasonably require during the pendency of a claim. We, at Our expense, have the right to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this Rider prior to the end of sixty (60) days after written proof of loss has been furnished in accordance with the terms of this Rider. No such action shall be brought after the end of five (5) years after the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE LAWS

Any provision of this Rider which, on the Effective Date, is in conflict with a law or rule of the State in which it is issued, is hereby amended to conform to the minimum requirements of such law or rule.

IN WITNESS WHEREOF, We have issued this Rider in consideration of the Single Premium and the application on its Effective Date unless a different date is shown here.


President


Secretary

SUPPLEMENTAL APPLICATION
GREAT FIDELITY LIFE INSURANCE COMPANY
Administrative Offices: P.O. Box 9510, Wichita, Kansas 67277

Please answer all questions and sign where indicated. If you need additional space for any answer, please use a separate sheet of paper. Be sure to sign and date the separate sheet.

1. Proposed Insured: [JOHN DOE]		Date of Birth: [00-00-0000]	
2. Are you disabled? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain.			
3. a. Within the last 5 years have you received care or treatment for: heart or vascular disease; diabetes; cancer; AIDS or ARC (AIDS Related Complex, any disorder of the circulatory system, respiratory, intestinal or urinary tract; mental or nervous disorder, drug addition, or alcoholism? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, circle disorder and explain below.			
Date	Diagnosis/Treatment	Name of Hospital/Address & Telephone #	
b. For disability: within the past 5 years have you received any care or treatment for any disorder of the back, spine, neck or joints or received any disability benefits? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, circle disorder and explain below.			
Date	Diagnosis/Treatment	Name of Hospital/Address & Telephone #	
4. Are you currently taking any prescription medication or have you taken any prescription medication within the last 5 years: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:			
Date	Medication	Dosage	
5 Do you know of any impairment, disease or disorder now existing in your health or physical condition? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe here and name health care provider below: _____			
6. List all of your health care providers during the last 5 years that are not listed above.			
Name of Provider	Telephone Number	Type of Treatment	Date(s)

I represent that the above statements and answers are true and complete to the best of my knowledge and belief. I agree that this supplemental application shall form a part of any coverage issued. Insurance will not take effect until: (a) this application is approved by the Company; and (b) the initial premium is paid.

HIPAA AUTHORIZATION

I hereby authorize all health care providers named above and any physician, pharmacy, psychologist, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, agent, Health Claims Index, credit bureau or other consumer reporting agency, employer, Medical Information Bureau (MIB), Social Security Administration, Educational Institution, Government Agency or the Veterans Administration, or other entity presented with a copy of this authorization, to furnish the Insurance Company or their authorized representative, any and all information in their possession regarding my treatment, medical history, benefits, or other applicable information for the purpose of obtaining life or disability insurance, this includes, but is not limited to information concerning HIV, AIDS, and mental health information, and/or financial, consumer report, or any other non-medical information regarding me.

I am entitled to receive a copy of any investigative report and to be interviewed in connection with such a report, if I desire and one is obtained. I also have the right to obtain a copy of any personal information the Insurance Company has about me. The Company must comply with my request within 30 days after receipt of the request. I understand that there are specific instances that the Insurance Company may give this information to a qualified medical provider instead of me. The Company may charge a fee for providing this information, except in the case of an adverse underwriting decision. The right to such personal information does not apply if the information is gathered in anticipation of a claim, or civil or criminal proceeding. If I believe the information the Company has is incorrect, I will be told how to correct it.

The Company may release my personal information to other insurance companies which they have business dealings with, other medical professionals if they are to examine me, and claims personnel. All information submitted shall be used in conjunction with the evaluation of my application/claim. I understand that this authorization may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it, or as otherwise specified by law. This authorization shall expire 30 months from the date it is signed, unless I revoke it in writing prior to that date by sending notice to the address shown above. I understand that once this information is received by the authorized person/organization, then this information may be subject to redisclosure and may no longer be protected by federal privacy laws. I or my authorized representative am (is) entitled to a photocopy of this authorization. A photocopy of this authorization shall be as valid as the original.

X S/ _____ Date _____
Signature of Proposed Insured

<i>SERFF Tracking Number:</i>	<i>AUWL-125876642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Century Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40718</i>
<i>Company Tracking Number:</i>	<i>GSPDT (CLA)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>Single Premium Term (CLA)</i>		
<i>Project Name/Number:</i>	<i>Group Single Premium Decreasing Term/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AUWL-125876642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Century Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40718</i>
<i>Company Tracking Number:</i>	<i>GSPDT (CLA)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>Single Premium Term (CLA)</i>		
<i>Project Name/Number:</i>	<i>Group Single Premium Decreasing Term/</i>		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	10/28/2008
Comments:		
Attachments:		
AR Compliance.pdf		
AR variability.pdf		
AR Flesch.pdf		

CERTIFICATION

Arkansas Code 23-79

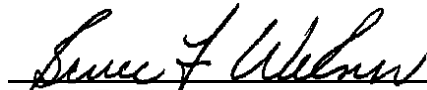
Rule and Regulation 49 - Life and Disability Insurance Guaranty Fund Notices

Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance

Bulletin 11-88 - Arkansas Act 197 of 1987

THIS IS TO CERTIFY that the attached forms are in compliance with the relevant provisions
Arkansas Codes and Statutes listed above that specifically provide for group life insurance.

(Signed by an officer of the company)

A handwritten signature in cursive script, appearing to read "Bruce F. Welner", is written over a horizontal line.

Bruce F. Welner

President

Century Life Assurance Company

October 29, 2008

STATEMENT OF VARIABILITY

The only variables in this policy form are the variables that are consistent with the details for the insured and policyowner.

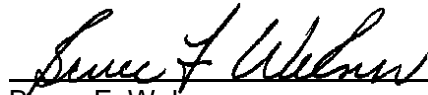
CERTIFICATION

THIS IS TO CERTIFY THAT THE ATTACHED FORMS:

FORM NUMBER
GSPDT-MP(09)
GDPDT(09)
92004-TURBO
MP-APP(09)
SPDIR(09)-MP
SPDIR(09)
SUPP-APP

have achieved Flesch Reading Ease Scores in excess of 40 as stated above and comply with the requirements of Ark. Stat. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act

(Signed by an officer of the company)



Bruce F. Welner
President